

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
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TOTAL IND.	2					
TOTAL DEP.	29	↔	↔	↔		
TOTAL CLAIMS	31	████████	████████	████████	████████	████████

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
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TOTAL IND.					
TOTAL DEP.		↔	↔	↔	
TOTAL CLAIMS		████████	████████	████████	████████